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Report of the Executive Director:

Results achieved for children in 2003 in support of the medium-term strategic plan

Summary

This is the second annual report of the Executive Director against the medium-term strategic plan for 2002-2005 (E/ICEF/2001/13 and Corr.1). It provides information on progress, partnerships, constraints and key results achieved in 2002-2003 in the plan's five organizational priority areas, as well as on the cross-cutting strategies which support these areas, and on UNICEF income and expenditure for 2003.

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I. Introduction

1. 2003 was a turbulent year for millions of children. Yet behind the dramatic conflicts which dominated the headlines lay an unprecedented number of localized emergencies. The ability of many of the poorest countries to maintain basic social services for the survival and development of their children was further weakened by instability or economic setbacks, while AIDS and other diseases continued to undermine family resources. But there are also encouraging trends. Many countries are pursuing increasingly pro-poor policies; the United Nations has advanced its internal reforms[1] and the international community as a whole has continued to coalesce around the compelling and child-focused agenda adopted at the Millennium Summit.

2. The medium-term strategic plan (MTSP) (E/ICEF/2001/13 and Corr.1) spells out operational targets in five priority areas which represent the major contributions of UNICEF to the Millennium Declaration and Development Goals. The present report, the first of two closely-related submissions to the Executive Board, assesses progress in relation to the targets of the MTSP. Where possible, it presents cumulative results, and includes a wider range of indicators of progress and organizational efficiency than in the past.[2] It will be complemented by informal thematic reports which will present more detailed analysis and results for each of the priority areas. The second submission will be the report on the mid-term review of the MTSP, to be presented to the Board at the second regular session of 2004. This will build on the present report and will focus on organizational performance during the first half of the MTSP period, as well as on the strengths and weaknesses of the plan itself.

3. The present document is also closely linked to reports that are being presented to the Executive Board in 2004 on progress in the area of joint programming, on the updating of UNICEF Core Corporate Commitments for emergency response in the context of the MTSP, and on the analysis of UNICEF programme expenditures in the plan period.

4. A highlight of UNICEF work in 2003 was the strong focus at all levels on accelerating progress towards the Millennium Development Goals, within the framework of United Nations reform. This involved approaches which combined partnerships, communication, advocacy and supplies in support of programmes in both regular and emergency situations. These programmes aimed to strengthen basic services and the care and protection for children at national and local levels, with a primary focus on support of families.

5. During 2003, UNICEF intensified its traditional focus on child survival in countries with high mortality rates. Advances were made through the global partnerships against polio and measles, although less so against maternal and neonatal tetanus (MNT). Progress was also made in developing policies for orphaned children and in improving AIDS prevention with the participation of

[1] The annual report of the Executive Director to the Economic and Social Council (E/2004/3-E/ICEF/2004/4), presented to the Board at the first regular session of 2004, contained more detailed information on the UNICEF contribution to United Nations reform.

[2] Progress indicators on the status of children themselves are presented mainly in the *State of the World's Children* report. In most cases, country data for these indicators are collected on a periodic rather than annual basis.

young people, but more needs to be done to strengthen the impact of this work. The national focus on child protection issues increased in all regions. Major humanitarian assistance efforts were mounted in Iraq and a range of other countries.

II. The five organizational priorities: progress in 2003[3]

A. Girls' education

Estimated expenditure:[4] $233 million (regular resources: $92 million, other resources: $67 million, emergency other resources: $74 million)
Millennium Development Goals: 2, 3
A World Fit for Children: Promoting Quality Education
Articles of the Convention on the Rights of the Child: 2, 3, 28, 29

6. The general climate for girls' education has continued to be difficult. Major constraints were posed in various regions by economic crisis, weak governance, armed conflict and disease. Increasingly, intransigent problems such as child labour, child trafficking, poverty and HIV/AIDS feed off each other to create serious complications for education. At the same time, investing in basic education — not least for girls — is clearly a major preventive measure against HIV/AIDS and essential for winning the fight against poverty.

7. In spite of the many constraints, there has been progress in all regions and some unforeseen opportunities have emerged. While the number of countries with girls' net enrolment ratios below 85 per cent is now estimated at 65, similar to 2002, recent experience in post-conflict situations has shown that basic education does not have to await normal conditions, but can in fact be a major force for social recovery. Meanwhile, UNICEF has become a more responsive and strategic partner for the Millennial and Education for All (EFA) goals, using its comparative advantage in addressing the schooling of girls and supporting access to education in difficult circumstances and marginalized zones. There are clear indications that the acceleration strategy and communication drive introduced by UNICEF in 2002 to promote gender parity in the 25 countries most at risk of not meeting the Millennial goal for 2005, have generated a surge in interventions, a strengthening of partnerships and increased funding. Several regions and countries, including Nigeria and Pakistan, are using the strategy as a basis for action and innovation. Further, with major donors and partners working closely together, the United Nations Girls' Education Initiative has been evaluated and revitalized and is now focusing more on joint action by United Nations partners at country level, supported by regional facilitation and global advocacy.

8. Efforts have been intensified and some advances have been made by countries with low or stagnating levels of school enrolment and persistent gender disparities, including Afghanistan, Benin, Burkina Faso, Chad, Mali, Pakistan and Yemen. Where enrolment is reasonably high and gender disparities are not significant, there

[3] Much of the information used in this report was drawn from the annual reports produced by UNICEF field offices. The secretariat continues to work with country offices to improve the quality and results focus of their reporting.

[4] These expenditure estimates are approximate and rounded, and do not include expenditures for general or unattributed advocacy, programme support and cross-sectoral and emergency-related expenditures, which often support specific priority areas.

have been greater efforts to reach pockets of disparity at local levels — such as among indigenous girls in Bolivia and Peru. Girls' education is also providing an entry point for addressing educational disparities in general — such as those facing ethnic minorities in Eastern Europe and Central Asia.

9. Partnerships with the World Bank and other agencies in the Fast-Track Initiative have also helped to increase the focus on disparities in drop-out and completion rates. UNICEF has played a leading role in assisting the formulation of national education plans and in the review of these plans against the Initiative's indicative framework, for example in the Gambia, Ghana and Honduras.

10. UNICEF has increased its emphasis on advocacy for sustained investments in basic education including through Sector Wide Approaches (SWAps) and poverty reduction strategy papers (PRSPs) in countries including Azerbaijan, Benin, Mauritania, Yemen and Zambia. The partnership with the World Food Programme (WFP) has intensified, based on the recognition of the role that school feeding can play in helping children to learn and stay in school. UNICEF has also advocated for reduction of the financial costs to poor families of sending children to school. The lessons for this priority area include the importance of harnessing a total resource package in support of girls' education, based on complementary inputs by a number of different agencies. New insight has also been gained into the lessons that emergency operations can offer for designing approaches to tackle persistent low enrolment among both girls and boys in non-emergency countries.

Target 1:
By 2005, all countries with a girls' net enrolment rate of less than 85 per cent in 2000 to have policies and practices that reduce the number of out-of-school girls.

11. Gains in girls' enrolment have been achieved both through direct interventions in the focus districts for UNICEF cooperation as well as through UNICEF contributions to broader partnership efforts at national level. Enrolment gains in UNICEF-assisted zones are reported to be higher than the national average in a rapidly increasing number of countries — 53 in 2003 compared to 38 in 2002. However, it is not yet clear that such gains are occurring at a rate that will make it possible to achieve the Millennial goal of eliminating gender disparities by 2005, particularly in south Asia and sub-Saharan Africa.

12. Nevertheless, several countries have demonstrated that it is possible to make rapid gains in enrolment for both girls and boys. The achievements in Kenya in 2003 after the abolition of primary school fees (1.27 million additional enrolments, 54 per cent of whom were girls), as well as the enrolment gains in Afghanistan (about 4.2 million children), Angola (250,000) and Liberia (340,000) after major back-to-school campaigns, are examples of UNICEF-supported breakthroughs under difficult circumstances. A further example was the launch of a national scholarship programme in Cambodia for children from minority groups.

13. UNICEF was also able to bring its capacity for supply and procurement to bear on this target area, managing the printing and delivery of over 44 million schoolbooks for Iraq and procuring large numbers of "school-in-a-box" kits for Afghanistan. In all, UNICEF spent some $31 million on educational supplies in 2003, a significant increase over earlier years.

14. It has also been possible to scale up tested interventions among out-of-school children. In the United Republic of Tanzania, the Complementary Basic Education initiative supported in a few districts by UNICEF has been successfully transferred to nationwide implementation, with support from the World Bank and other donors under the Government's Primary Education Development Plan. UNICEF-assisted community approaches to schooling have also been taken up by Governments and other partners and expanded, for example, in Egypt, Malawi and Sierra Leone.

15. The increased attention under the MTSP to influencing national policy development in favour of girls' education appears to be having an impact. The number of countries reporting that their national EFA plans include explicit measures for reducing the number of out-of-school girls increased from 66 in 2002 to 71 in 2003. This includes 40 of the 65 countries that currently have an estimated net enrolment rate of less than 85 per cent and 20 of the 25 priority countries for acceleration. In addition, the number of countries where a gender review of the education sector has been undertaken within the last three years increased very rapidly, to 56 in 2003 from 37 in 2002. However, only 28 of the countries with low girls' net enrolment have undertaken a recent gender review in education.

16. One of the strongest lessons of 2003 is the power of the synergy between programming and communication. This target area has gained a major impetus from the combination of an accelerated programming strategy with a high-level communication drive, most evidently in sub-Saharan Africa. UNICEF communication activity included support to the Global Campaign for Education's global action week; the 2004 *State of the World's Children* report and other advocacy publications focused on girls' education; and the dedication of the FIFA Women's World Cup and Fox Kids Cup to the *Go Girls! Education for Every Child* campaign. Sports are being used to promote girls' enrolment in the priority countries, and FIFA donated over 600 "sports-in-a-box" kits to UNICEF.

Target 2:
By 2005, policies and mechanisms to promote effective quality learning in "child-friendly", gender-sensitive schools will be in place in at least 50 countries.

17. Good-quality schools and increased access go hand in hand. A major focus for quality learning continues to be on multi-dimensional interventions, especially the Child-Friendly Schools (CFS) initiative and life-skills-based education. Compared to the MTSP target of 50 countries, some 31 countries are reported to have policies and mechanisms in place to promote "child-friendly", gender-sensitive school environments. This is a stagnant picture compared with 2002. Initiatives may have stalled due to scepticism about the CFS approach among some national partners. UNICEF is now working to develop clearer international evidence of its efficacy.

18. UNICEF has also continued to support more specific interventions to promote quality learning, especially in curriculum development and teacher training. These efforts can be highly supportive of broader reforms and are likely to continue to coexist with the CFS and other multidimensional approaches. However, UNICEF needs to develop clearer strategies for how it supports curriculum development and teacher training in order to avoid piecemeal approaches. Policies also need to be developed for addressing the educational needs of orphans and adolescent girls, especially in countries with a high prevalence of HIV/AIDS.

19. Another important aspect of a school environment that promotes learning is clean water supply and sanitation. UNICEF support in this area expanded rapidly to 73 countries in 2003, compared to 50 in 2002, and is reported to be effective in promoting the enrolment and retention of girls. Practical hygiene education forms part of these interventions, either as part of life-skills education or through the Participatory Hygiene and Sanitation Transformation (PHAST) approach. Health and nutrition components such as deworming and school meals are a feature of some programmes, often in partnership with WFP. An example is the complementary support by UNICEF and WFP to basic services in drought-affected schools in Ethiopia.

Target 3:
By 2005, at least 20 countries will have identified learning outcomes and built capacity to ensure gender parity in achievement in basic education.

20. A number of developing countries, such as Niger and Senegal, have systems in place for monitoring learning achievement which have been supported by UNICEF and other partners for several years. A few countries, including Bolivia, Cameroon, Ghana, Honduras, Nigeria and Peru, report more recent initiative to monitor learning achievement, and where results are available they tend to suggest that performance falls below expectations. UNICEF has recognized its operational weaknesses in supporting learning achievement and the need to better define its role, in partnership with agencies which are more specialized in this area.

B. Early childhood development

Estimated expenditure: $440 million (regular resources: $139 million, other resources: $128 million, emergency other resources: $174 million)
Millennium Development Goals: 1, 4, 5, 6
A World Fit for Children: Promoting healthy lives
Articles of the Convention on the Rights of the Child: 2, 3, 24, 27, 31

21. The MTSP priority on early childhood is based on the idea that giving a child the best start to life requires many interventions — in health, nutrition, water, sanitation, psychosocial care, early education and protection — all working together and delivered at the right age. Investment in the early years should not only ensure a child's survival but also that she thrives and is ready for school. The approach is also based on the fact that learning begins at birth, and that the family's support and care during the earliest years of life are essential to the child's cognitive development and social and emotional well-being.

22. Both UNICEF and its cooperating partners have encountered serious challenges in the coordination and convergence of interventions to support young children in their family and community settings. The incorporation of support to the cognitive and social-emotional development of the child has called for skills and capacities which are in short supply. Yet, in the MTSP period, evidence has mounted on the importance of supporting all key aspects of the young child's survival and development, including for sustained achievement of the Millennium Development Goals.

23. There is no single model for how sectors can best work together to ensure children's well-being. Factors which are found to contribute to good coordination

include a clear communication strategy, good understanding of the linkages between sectors, widely-agreed indicators for monitoring progress, and devolution of service provision where capacity exists. Despite the difficulties, sectors are working together in creative ways, often by building on existing programmes. Convergence of services — and of activities such as training — is often most effective at the local level. The integrated approach has strengthened the focus on the role of the family, and the emphasis on child survival and basic service delivery has been intensified in countries with high mortality rates. While there is still scope for greater impact of convergence of services to benefit children living in poverty, UNICEF is providing considerable support to various components of the early childhood approach that address improving the situation of such children, their families and communities.

24. Partnerships continue to be strong in supporting specific interventions, including with the Canadian International Development Agency (CIDA), the Bill and Melinda Gates Foundation, the United States Agency for International Development (USAID), the United States Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) on child survival; with the World Bank, the Soros Foundation and Bernard van Leer Foundation on early childhood development; and with a range of other partners as discussed below.

25. In view of the particular complexity of the early childhood priority, an in-depth assessment will be undertaken as part of the mid-term review of the MTSP.

Target 1:
In all countries, support the development of comprehensive early childhood development (ECD) policies with special emphasis on children under three years of age.

26. Some 57 countries now have national coordinating mechanisms for early childhood, compared to 41 in 2002. These mechanisms are usually developed by a lead ministry but the lead is sometimes taken by civil society. There has been a significant increase in the number of programme countries with official policies on early childhood, from 17 in 2002 to 30 in 2003. Another 49 countries are developing such policies.

27. A policy for young children is not the only way in which ECD can be supported. Many countries are also creating a positive environment through national plans of action for children or through PRSPs which include a focus on early childhood, in line with the relevant Millennial goals. Together with other United Nations agencies, UNICEF was influential in Azerbaijan, Burkina Faso, Moldova, Mongolia and Serbia and Montenegro in promoting an emphasis on young children in new or revised PRSPs. In Uganda, the health and education SWAps have been used to help ensure a policy focus on young children. Many countries are also establishing policies in key areas such as salt iodization and malaria treatment.

28. UNICEF and the World Bank have teamed up to support the use of the "marginal budgeting for bottlenecks" tool in several countries. This tool helps to identify implementation constraints in the health system and the marginal costs of overcoming them. It is proving useful in the formulation of national or provincial spending plans and for PRSPs that explicitly link expenditures to the health-related Millennial goals. So far, the tool has been put to effective use in the preparation of medium-term expenditure frameworks (MTEFs) in Mali and Mauritania, where it helped to increase allocations to child and maternal survival, and for policy dialogue

in Madagascar and the Indian state of Madhya Pradesh. Interest has been expressed by several other countries preparing PRSPs.

29. UNICEF support for monitoring systems has provided a further opportunity to promote evidence-based policies for children and women. The use of health system and community audits of child and maternal mortality in several countries — notably Indonesia, the Philippines and Sri Lanka — has led to improvements in understanding the causes of death and possibly also in care practices and the quality of service.

30. Working with Columbia University, UNICEF has advocated for standards of child development and school readiness rather than psychometric tests. This approach is being developed in six countries, as envisaged by the MTSP. Jordan, for example, is working to develop standards that children should achieve prior to starting school. In some places, child development indicators are being combined with growth monitoring. However, growth monitoring efforts appear to be in need of revitalization in a number of countries.

31. Key international partners in this area include the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund (UNFPA), the World Bank, WFP, WHO and the Open Society Institute. The role of academic institutions is increasingly recognized, not only in research on early childhood, but also in supporting the development of indicators and monitoring systems. Partnerships are being developed with research centres in Colombia, Cuba, Jordan, Lebanon and the Philippines.

Target 2:
In 80 to 100 countries with high child and maternal mortality and morbidity rates, and/or large disparities in these rates, support the implementation of comprehensive and convergent programmes to deliver basic services, early childhood care and learning programmes.

32. This target accounts for two thirds of UNICEF expenditures on the early childhood priority. UNICEF continues to support basic service delivery in key areas of maternal and child health (MCH), water and sanitation, prevention of iodine deficiency disorders, malaria prevention, control of diarrhoeal diseases (CDD), and pre-school and early learning programmes. A number of different approaches are being taken to meet the target of comprehensive and convergent delivery of these services. In some countries, particularly in Asia, convergence is being pursued through local authorities or, in other cases, by adding components to existing health programmes. In West Africa, some countries have used "zones of convergence" to deliver a coordinated package of services and commodities to young children. However, in these approaches, it is not yet clear how much synergy is actually being achieved.

33. A convergent approach to basic service provision has also been used in places where displaced people or refugees have congregated, such as in Guinea or Liberia. In Angola, "child-friendly" spaces have been used to provide a range of assistance to war-affected children and adolescents, including nutrition rehabilitation, birth registration, family tracing and psychosocial recovery. In post-conflict situations, such as in the north of Sri Lanka, the focus of early childhood activities has been on restoring child health services and water supply and sanitation. In other critical situations, however, much less convergent approaches have been used.

34. The Integrated Management of Childhood Illness (IMCI) is a major effort for the convergent delivery of services for child survival, growth and development. More recently, UNICEF has partnered with CIDA to pilot a complementary initiative for Accelerated Child Survival and Development (ACSD). Based on country reports, it is broadly estimated that some 130 million people were covered by these two initiatives in 2003, in 86 developing countries.

35. The IMCI strategy, which is being reviewed by a multi-agency group, focuses on malnutrition, acute respiratory infections, diarrhoea and malaria — conditions which combine to cause nearly 4 million child deaths every year. Scaling up IMCI, especially its facility-based components, is proving to be difficult. In 77 countries, UNICEF supported a "community focus" to IMCI, including strengthening the local health system, the case management skills of health workers, and family health practices in the management of diarrhoea, pneumonia and malaria.

36. The ACSD programme is supporting cost-effective interventions in selected districts in 11 countries in West and Central Africa, including immunization, prevention and case management of the main childhood killer diseases, vitamin A supplementation and antenatal care. There has been strong national and district-level ownership and the ACSD programme is increasingly being integrated into PRSPs and MTEFs in these countries. Surveys of coverage and initial impact were undertaken with UNICEF support during 2003. Results from 20 focus districts showed rapid increases in service coverage, at an average additional cost of about $2 per person per year.

37. In addition to these convergent approaches, a range of sectoral interventions continue to be supported. The extent to which these are convergent or are linked with complementary efforts by other partners will be addressed during the mid-term review of the MTSP. UNICEF supported the improvement of emergency obstetric care in an estimated 3,400 health facilities in 80 countries during 2003. Specific results include an improved referral system in focus districts in the United Republic of Tanzania and inclusion of emergency obstetric care as a key programme supported by Uganda's Poverty Action Fund. Case studies are being developed in five South Asian countries to document the provision of these services. Columbia University is providing significant support in this area. Despite these positive experiences, the challenge remains to increase household access to maternal health care in the face of serious constraints, and this will depend in turn on long-term investments in health systems. The reduction of maternal mortality — a major Millennial target in its own right — is an area of growing priority for joint United Nations programming initiatives, for example in Timor-Leste.

38. The use of insecticide-treated nets (ITN) to combat malaria expanded in some 38 countries in 2003. At least 12 African countries are expected to reach 60-per-cent usage rates among young children and pregnant women by 2005, and Eritrea, Guinea and Mali have achieved this target already. Among the Asian countries adopting the ITN strategy, Myanmar and Viet Nam have estimated coverage rates of around 50 and 80 per cent respectively, but Papua New Guinea has a rate of less than 10 per cent. Scaling up of ITN coverage remains a challenge — as does the retreatment of nets with recommended insecticide, which remains extremely low in most of the affected countries.

39. The most effective approach appears to be the distribution of free or highly subsidized nets to families combined with a solution to the problems of retreatment.

The delivery of nets and insecticides is now a priority of the UNICEF supply operation. Procurement has more than doubled since the start of the MTSP period, from 2.3 million nets in 2001 to nearly 4.8 million nets worth $13.5 million in 2003, as part of the UNICEF contribution to the Roll Back Malaria partnership. Some $3.7 million worth of insecticide was also supplied in 2003. Long-lasting nets have been developed in response to the low retreatment rates and are now the preferred option for UNICEF-assisted programmes. The Roll Back Malaria partners are working with the Rockefeller Foundation to develop a strategic business plan for these nets, aiming to increase both production capacity and demand.

40. Efforts to reduce the incidence of diarrhoeal diseases often form part of IMCI, and UNICEF supports the training of health workers on diarrhoea management and strengthening of systems for the distribution of essential commodities such as oral rehydration salts (ORS). UNICEF supplied 43.2 million sachets of ORS in 33 countries in 2003, an increase of 38 per cent compared to 2002. Communication and advocacy are other key activities in 15 countries, including national radio and television spots. However, persistent weaknesses in CDD programmes include a lack of funding and inadequate focus on training.

41. Approximately 66 per cent of households in the developing world now consume adequately iodized salt, a huge improvement upon the 1990 estimate of less than one in five. As a result, some 79 million newborns are being protected every year from a significant loss in learning ability. While the percentage of salt iodized globally appears to have dropped slightly in the past two years, this decrease reflects new monitoring in countries which were previously not reporting, as well as some impact from emergencies. The highest levels of iodization have been achieved by Latin America and the Caribbean (84 per cent) and East Asia and the Pacific (82 per cent), the latter due mainly to increases in parts of China. The current rate in the Central and Eastern Europe (CEE), the Commonwealth of Independent States (CIS) and the Baltic States region is only 39 per cent, but this represents an increase of 11 per cent in the last two years. Major progress has been made in countries such as Turkmenistan and the Ukraine. UNICEF supports the building of networks, awareness-raising and the development of monitoring systems, as well as iodization, testing and quality control. Kiwanis International and the Asian Development Bank are among the key partners in this effort.

42. UNICEF supported programmes for clean water, sanitation and hygiene in 91 countries in 2003, assisting in policy reform, capacity-building and improved service delivery with a focus on poor and marginalized populations. A major focus of this work is on rural water supply and sanitation in countries with low coverage rates; facilities in primary schools; and interventions in emergencies. Key international partners include the Environmental Health Project/USAID, the Hilton Foundation, Norwegian Church Aid, OXFAM, the Swiss Development Corporation, the United Nations Office for Project Services, the Water Supply and Sanitation Collaborative Council and the World Bank.

43. UNICEF expanded its support of life-saving interventions in response to crises. Some 825,000 people in Iraq were supplied with water on a daily basis through a tankering operation and UNICEF also supported the repair of damaged infrastructure and led the United Nations sector coordinating unit for Iraq, based in Amman. Emergency support was also provided in response to the devastating

earthquake in the Islamic Republic of Iran and to a major typhoid outbreak in Tajikistan.

44. UNICEF has promoted community participation in water, sanitation and hygiene promotion for many years. The PHAST programme (see para. 19 above) is one example. During 2003, participatory approaches were applied to interventions in nutrition, HIV/AIDS and malaria control and were also implemented with success in drought- and AIDS-affected countries in southern Africa, especially Mozambique and Zambia.

45. In Asia, arsenic has now been found in drinking water supplies in Bangladesh, China, Cambodia, India, the Lao People's Democratic Republic, Mongolia, Myanmar, Nepal, Pakistan, Thailand and Viet Nam, and more than 50 million people are estimated to be in potential danger of arsenic poisoning in these countries. Governments, with the support of UNICEF and other agencies, have initiated arsenic mitigation programmes that raise awareness about the dangers, identify contaminated wells through testing and establish alternative water systems. Although a variety of filter systems are now available or under development, it is difficult to remove arsenic from water in inexpensive ways. UNICEF is involved in testing some of the more promising household filter technologies in Bangladesh, India and Viet Nam. The second option — alternative arsenic-free sources of water — continues to be the focus of UNICEF efforts. Approaches include rainwater harvesting and shallow well construction in safe areas.

Target 3:
In all countries where birth registration is not almost universal, promote more effective birth registration systems with focus on highly disadvantaged groups.

46. There are now an estimated 74 countries in which fewer than 90 per cent of children under five years are registered, many of them in Africa. Based in part on UNICEF advocacy, registration has emerged as an important tool for the protection of children's rights in countries heavily affected by AIDS. Examples include a national registration bill in Malawi, an orphan register in Lesotho and provincial birth registration campaigns in South Africa, which have resulted in more children benefiting from government support grants.

47. During 2003, UNICEF provided support to increased birth registration in 40 least developed countries (LDCs) and 25 countries facing emergency situations — indicating that registration is now an important part of crisis response. This support has included registration forms, social mobilization materials and capacity-building of the registrar system. Many families still face major practical difficulties in registering births, particularly the long distances to local government centres. Some countries have taken innovative approaches to addressing this, such as the very effective linkages with polio immunization in Afghanistan, the distribution of ITNs in the Gambia and with literacy training in parts of Latin America. Myanmar has modified the vital registration system to allow initial birth recording by community health workers. National partners in this area include ministries of justice, labour and home affairs, and central statistical offices. Plan International is an important partner at community level and other partners include UNFPA and WHO.

Target 4:
In all countries, increase the knowledge and practice among families and communities of key behaviours for the care and support of young children and women.

48. The Millennium Development Goals for mortality reduction and school completion require a foundation of parental care practices as well as critical basic services. There was a very dynamic trend in 2003 in the number of countries which have developed a set of key care practices, based on UNICEF/WHO recommendations, for promotion with families and communities to secure the child's best start in life — a total of 83 countries, compared to 67 in 2002. This total includes some 60 per cent of LDCs and nearly two thirds of countries with current humanitarian appeals. About 60 countries also undertook baseline surveys during 2002-2003 to improve the understanding of existing family care practices, and these should contribute to the acceleration of IMCI.

49. In 2003, some 73 countries were reported to have some form of programme for parenting education, ranging from orientation sessions at pre-school centres and in literacy classes to media approaches. In the CEE/CIS region, the promotion of community-run day-care facilities is an important issue as countries move away from a state-dominated welfare system. By contrast, parent education through the "community IMCI" approach centres more on child health, feeding and hygiene practices, and often involves the training of local volunteers.

50. Evaluation data from small-scale programmes suggest that parenting education can have a significant positive impact on children. In Jamaica and The former Yugoslav Republic of Macedonia, home visiting and community-based child-care centres have shown significant impact on children's development. In both cases, children in the programme scored better on standardized tests of cognitive development and in the latter country, children in the programme entered school earlier and performed better. An evaluation after 10 years of Cuba's non-formal approach to parent education and child care has indicated a substantial increase in the proportion of children who achieve expected developmental standards. Evaluations of large-scale media interventions in the Maldives and Viet Nam have shown significant changes in parental understanding and reported behaviour.

51. Global actions in 2003 have supported progress towards an environment where women can exercise an informed choice to breastfeed. Revised United Nations inter-agency guidelines have emphasized the need to assist HIV-positive mothers in selecting the most appropriate infant feeding options while reducing the risk of child mortality and increasing support for breastfeeding among the general population. Ten countries suffering the burden of HIV/AIDS reported revitalizing efforts to support infant feeding and the Baby-Friendly Hospital Initiative (BFHI), while the introduction of the UNICEF/WHO Global Strategy for Infant and Young Child Feeding has refocused efforts, including the BFHI, on support to women and families.

52. Although programmes to improve family knowledge and practice have expanded, they are often hampered by a shortage of expertise to design communication materials and monitor impact. The poorest families may lack access to media. However, home-based group child-care activities can help parents to participate. The number of countries where efforts are being made to strengthen the role of fathers in child care increased from 10 in 2002 to 28 in 2003.

53. The increased levels of UNICEF activity in this area have been prompted by this MTSP target and will be reinforced by the Tenth Anniversary of the International Year of the Family. The progress made in the CEE/CIS region is due in significant part to partnerships with the Open Society Institute and the Step by Step Foundation. In Timor-Leste, a strong relationship has been formed with the Catholic Church to improve community care practices.

Target 5:
Increase participation by young children in appropriate community or group child care, with particular attention to the most disadvantaged children.

54. In 2003 UNICEF continued its support for child-care centres in about two thirds of programme countries, and for home-based care in about half — although in both cases this was usually on a fairly small scale. In 38 countries, UNICEF also supported early learning initiatives which incorporated specific measures to prepare girls for primary school. These initiatives can also help children to obtain supplementary food and medical care. Informal centres are playing an increasingly important role in assisting orphaned children in countries with generalized HIV/AIDS epidemics. Programmes are implemented on a wide scale in several Latin American and South Asian countries, while UNICEF is piloting early learning activities in Koranic schools in parts of Africa.

55. Efforts have been taken to ensure that appropriate standards of care are provided in some countries where there is substantial private provision of pre-school care. Malaysia, for example, is developing an accreditation system for early child-care centres and teachers. Generally, however, assuring the quality of child-care programmes is a major problem, which is worsened as coverage expands. Resolving this will require collaboration with Governments and private sector providers, as well as with other partners such as faith-based groups, professional organizations and the World Bank.

C. Immunization "plus"

Estimated expenditure: $260 million (regular resources: $43 million, other resources: $171 million, emergency other resources: $46 million)
Millennium Development Goals: 4, 5, 6
A World Fit for Children: Promoting healthy lives
Articles of the Convention on the Rights of the Child: 2, 3, 6, 24, 27

56. In 2002, the latest year for which data are available, estimated national immunization coverage rates in developing countries were 73 per cent for both three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) and for measles vaccine. Coverage for three doses of oral polio vaccine (OPV) remained at 73 per cent in developing countries and 75 per cent worldwide. The 2002 estimates continued an essentially static trend in global coverage levels since 1990, although with wide variations among regions and countries. The estimated coverage for two or more doses of tetanus toxoid (TT) vaccine also remained static, at 66 per cent.

57. At current levels of immunization coverage, it is estimated that the lives of 2.5 million children are saved each year worldwide, but there are still an estimated 2.2 million preventable deaths. With renewed commitment, further increases in routine coverage and introduction of new vaccines such as *haemophilus influenzae* B (HiB),

another historic leap forward can be made in mortality reduction. Opportunities for rapid progress exist even in the poorest countries and under the most difficult conditions. Campaigns such as those for polio eradication and measles mortality reduction have helped to strengthen the cold chain, injection safety and microplanning for routine immunization services. Key to addressing MNT in 2003 was the use of new technologies and strategies, such as the TT Uniject syringe and the deployment of female health workers. These innovations have brought the protection of immunization to many families in Afghanistan, Burkina Faso, Ghana, Mali, Pakistan and southern Sudan.

58. However, obstacles still remain and are similar across all regions. They include shortages or lack of timely access to finance, staff shortages and turnover, the need to upgrade the cold chain, inconsistency of vaccine supplies, unsafe waste disposal and the challenge of strengthening district-level planning and monitoring. All of these factors impede efforts to strengthen and extend the reach of the routine immunization system. UNICEF is focusing on these specific challenges in order to build on the progress which has already been made towards the MTSP targets. With global coverage remaining stable and high overall, the efforts of international partners are targeted increasingly to the countries and areas where problems are most severe. District-level monitoring is key to this approach because it guides the prioritization of efforts and resources to non-immunized children. With the tendency of costs to rise when reaching the poorest districts, emphasis is being placed on integrating basic health services for increased efficiency.

59. Collaborative work was initiated for a joint UNICEF/WHO global immunization strategy, intended to present a common vision for the many ongoing initiatives. International partnerships are aiming to combine several vaccines and improve the efficiency of vaccine supply, while keeping vaccine safety and security at the forefront. While UNICEF is helping countries to better forecast their vaccine needs, it is vital to secure supplies at reasonable cost, and to ensure that Governments and the public understand that they are safe and effective. The introduction of new vaccines will require private sector investment in capacity to meet demand and will create additional financing challenges in the years ahead.

Target 1:
By 2003, every assisted country to have a multi-year plan outlining strategies and resource needs. By 2005, 80-per-cent immunization coverage in every district for each antigen in at least 80 per cent of countries; global certification of polio eradication; measles mortality reduced by half; elimination of MNT; 100-per-cent increase in the number of countries achieving 70-per-cent coverage of vitamin A twice per year; and maximization of safety of immunization injections.

60. UNICEF support in 124 programme countries in 2003 covered, at minimum, the monitoring of progress through a set of globally defined relevant indicators. In countries lagging behind the immunization targets, UNICEF contributions ranged from assistance for the formulation of national policies and action plans to intensive support for implementation. UNICEF procured some 2.5 billion doses of vaccines to support immunization programmes and campaigns, including nearly 1.9 billion doses of OPV.

61. Nearly all countries where UNICEF cooperates have now developed multi-year plans for immunization, which provide the framework for annual workplans. In

about 22 countries, the multi-year plans have served as the basis for preparation of financial sustainability plans, which will help to secure resources for strengthening routine systems and extending immunization activities in the context of national budgeting frameworks such as PRSPs and MTEFs. The government-led Inter-agency Coordinating Committees (ICCs) are increasingly fulfilling their role of monitoring the implementation of the multi-year plans. In Latin America, regional meetings are used for the peer review of national immunization plans and progress and for the exchange of experience.

62. Despite these intensified efforts, the number of developing countries estimated to have met the target of all districts achieving 80-per-cent coverage of DPT3 has so far remained static, at 42 in 2002 compared to 43 in 2001. The reasons include inadequate allocation of resources to implement district microplans and weaknesses in supervision and the use of data at the local level. Reports indicate that routine immunization activities tend to receive less support from external partners than National Immunization Days (NIDS) and campaigns. Clear priorities and improved monitoring and documentation of results will help to make the case for more resources for routine immunization.

63. UNICEF continued to work for global polio eradication in partnership with Governments and international organizations including CDC, Rotary International and WHO. Following the rise in the number of confirmed cases of wild polio virus to 1,918 in 2002 from 483 in 2001, renewed progress was seen in 2003 towards the eradication goal, with some 733 cases confirmed. By the end of 2003, polio transmission had become more localized and confined to a few states or provinces of six countries (Afghanistan, Egypt , India, Niger, Nigeria and Pakistan). India dramatically improved the management and communication of its programme in a major effort to ensure that campaigns reach every child, especially in the north-western districts. The result was a reduction in the number of India's polio cases from 1,556 in 2002 to 223 in 2003. UNICEF is seeking to convey the lessons from India's experience to other countries.

64. Shortages of funds at the beginning of 2003 and epidemiological factors led to a tactical shift by the partners in the Global Polio Eradication Initiative. This reduced the focus of NIDS to fewer countries, with the implementation of more vaccination rounds. At the same time, the outbreak and importation of the virus into neighbouring countries in West Africa has created a need for further mass immunization campaigns and adds to the funding gap for polio eradication.

65. UNICEF assisted in the vaccination against polio of 4 million children before the conflict in Iraq and its provision of 25 million doses of vaccine and cold-chain equipment helped to re-establish the routine immunization system soon after.

66. The MTSP target of reducing measles mortality by one half is likely to be reached and even surpassed. In 1999, there was an estimated 869,000 deaths due to measles. By 2002, the death toll was reduced to 611,000 — an estimated 30-per-cent decrease. Some 96 per cent of these deaths occurred in 45 priority countries, mainly in Africa and South Asia, where UNICEF and other partners are currently focusing efforts. The other regions have set the goal of measles elimination and Latin America and the Caribbean has been able to sustain the elimination of indigenous transmission of measles for over one year.

67. Of the 45 priority countries, 10 completed "catch-up" vaccination campaigns in 2003 and another eight mounted campaigns as part of multi-year efforts to reach all children. UNICEF supplied about 160 million of doses of measles vaccines, compared to 145 million in 2002. UNICEF, WHO and CDC supported the planning and management of these campaigns and the exclusive use of auto-disable (AD) syringes. However, funding shortfalls and logistical constraints, injection safety and waste management must still all be addressed if national measles mortality reduction targets are to be achieved and sustained. These efforts continue to be supported by the Measles Initiative, whose members include the American Red Cross, CDC, CIDA, the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Foundation, UNICEF and WHO.

68. MNT still remains a public health problem in 52 countries. With widespread shortages of funds, tetanus campaigns in 2003 aimed to cover 5.5 million women in high-risk areas where infrastructure is poor — a substantial decrease from 2002. In 2004, campaigns will focus on reaching women in the highest priority districts, while other women will be reached through routine vaccination.

69. Despite this overall setback, UNICEF supported Governments in the formulation and implementation of MNT activities in 37 of the priority countries, compared to 26 in 2002. In Afghanistan, for example, a three-year elimination plan was developed and almost 760,000 women received three doses of TT vaccine. A number of other partners have supported the elimination of MNT. The USAID BASICS (Basic Support for Institutionalizing Child Survival) project assisted in developing and implementing new technologies; the Bio Farma company (Indonesia) donated supplies; CDC has worked on linking MNT surveillance with surveillance for measles and polio; the Program for Appropriate Technology in Health helped to introduce the TT Uniject syringe; Save the Children USA led social mobilization activities in a number of countries; UNFPA promotes safe deliveries; and WHO monitors progress toward MNT elimination and validates elimination status.

70. Major progress was made in improving injection safety through the use of AD syringes. Some 60 countries — half of those reporting — used AD syringes for all routine immunization activities during 2003, up from 45 in 2002. In 2003, UNICEF supplied $31 million worth of AD syringes, an increase from $18 million the year before. The progress made has contributed to limiting the spread of infections such as hepatitis B and HIV and to strengthening awareness of immunization safety. More needs to be done to ensure safe practices for all medical injections and for the disposal of medical wastes. UNICEF collaborates with CDC, WHO and other partners in support of countries in the context of the Safe Injection Global Network.

71. Largely through the NIDs, the number of developing countries providing at least one high-dose vitamin A supplement to 70 per cent or more of children under five years rose from 11 in 1996 to a high of 66 in 2000, declining to 61 in 2001. Data for 2002 are not yet available. UNICEF supplied nearly 511 million capsules to 82 countries through a donation in kind from the Micronutrient Initiative. New ways of reaching households must be found as NIDs are phased out in many countries. Combining vitamin A supplementation with mass measles campaigns has provided opportunities to secure high coverage. Many countries, especially in Africa, are holding Child Health Week campaigns that include activities beyond measles vaccination and vitamin A supplementation, including breastfeeding promotion,

growth monitoring and bednet distribution. Other countries, notably India, are now integrating vitamin A supplementation with routine immunization. The Government of Canada is a major funding partner in this area, and other partners include the Governments of the Japan, the Netherlands and the United Kingdom, the Micronutrient Initiative and WHO .

72. In 2003, the number of countries supporting food fortification as a strategy to eliminate micronutrient malnutrition increased with the support of various partners including the Asian Development Bank, CDC, the Global Alliance for Improved Nutrition, the Micronutrient Initiative and the Universal Flour Fortification Initiative. In southern Africa, for example, UNICEF is working closely with the latter to promote the appropriate fortification of sugar and maize flour, while fortification of wheat flour and soy sauce is being pursued in China and the Central Asian republics.

Target 2:
Ensure the security of global vaccine and vitamin A supply

73. Vaccine supply remains a major issue to be addressed if the MTSP targets are to be achieved. Vaccine products are increasingly divergent, with industrialized countries changing their usage based on epidemiology and fear of adverse reactions. At the same time, the demand of United Nations agencies for traditional vaccines, while large, tends to vary in volume, making it difficult for the limited number of suppliers to meet the demand in a timely manner. The manufacture of new vaccines — such as HiB, which is now part of routine immunization in 89 countries — is more expensive. With funding already limited, this creates new challenges for the years ahead.

74. While multi-year vaccine forecasting has led to improved planning with manufacturers, many developing countries continue to encounter difficulties in ensuring the continuity of vaccine supply. Vaccine stock-outs at national level for antigens within the routine immunization programme were reported at some point in 2003 in 52 countries. The main reasons were a shortage or delay in funding and weaknesses in national procurement capacity or stock management practices. The introduction by UNICEF in 2002 of a global vaccine stock-out monitoring system is helping to improve the tracking of supplies. UNICEF country offices assist Governments to forecast their needs, identify funding gaps and sources, and to improve the management of supplies, including the quality of the cold chain. Technical support is also provided through the ICC and Global Alliance for Vaccines and Immunization (GAVI) coordination mechanisms.

75. The UNICEF Vaccine Independence Initiative continued to contribute to national self-sufficiency in procurement, for example in the Pacific and Central Asian subregions. In 69 of the 130 programme countries for which information is available, routine vaccine spending is fully met by the Government. However, some 25 countries, predominantly in Africa, remained completely dependent on external support for their vaccine needs in 2003.

Target 3:
Affirm immunization as a global public health good and ensure by 2003 that every assisted country is implementing communication strategies to sustain demand.

76. Vaccine safety was a subject of public debate in several countries in 2003, and controversy has been fuelled via the Internet. An analysis of the advocacy environment conducted in 2003 exposed the potential vulnerability of immunization to small but well-organized anti-vaccination lobbies. A targeted advocacy strategy to strengthen public trust in vaccines will help guide the activities of the GAVI partners during 2004. UNICEF provided financial support to WHO for the Vaccine Quality Advice project, through which WHO ensures the quality of vaccines procured by United Nations organizations. UNICEF and WHO also worked closely on a communication approach to reduce public mistrust and negative publicity, which has grown particularly for vaccines produced in developing countries.

77. At country level, UNICEF continued to be a leader in communication support activities, including for polio eradication. Some 79 programme countries have now developed a national advocacy and communication plan for immunization. Research in both India and Nigeria showed that interpersonal communication is an effective strategy for expanding coverage in high-risk areas where misconceptions about vaccine safety may be common. The successful polio campaign in the Indian state of Uttar Pradesh is attributed in part to the new approach to communication.

Target 4:
By 2003, every assisted country will have begun to implement strategies to reach populations not reached by immunization services. In emergencies, ensure timely provision of measles vaccine and vitamin A supplements.

78. UNICEF continued to support initiatives to provide immunization and vitamin A supplementation to difficult-to-reach children and marginalized groups, through mass campaigns and outreach services. In Latin America and the Caribbean, UNICEF cosponsored the first vaccination week, which brought immunization to indigenous populations and border areas. UNICEF also continues to promote the expanded coverage of routine services to reach the poorest families through its participation in health SWAps and PRSPs, including in Burkina Faso, Cambodia, Guyana, Mali, Niger, Rwanda and Senegal, among others. The joint UNICEF/WHO *Reach Every District* initiative, introduced in nine countries in 2003, aims to identify groups not reached by routine immunization services and strategies to reach them.

79. In emergency situations, the focus has been on reaching children with measles vaccine and vitamin A supplements, which are often essential to child survival. Afghanistan has been a major focus country where, since 2001, more than 16 million doses of measles vaccine have been delivered, preventing an estimated 30,000 deaths. The measles campaigns have helped to strengthened routine services through the recruitment and training of female vaccinators, new outreach activities with religious leaders, and better planning, monitoring and logistics. In Angola, a post-conflict country, over 7 million children up to 14 years of age received measles vaccine and nearly 3 million received vitamin A supplements during two months in 2003, with strong civil society participation. In Peru, the Ministry of Health and

UNICEF initiated a hepatitis B immunization campaign in response to an outbreak threatening the survival of two ethnic groups in the Amazon region.

D. Fighting HIV/AIDS

Estimated expenditure: $111 million (regular resources: $48 million, other resources: $55 million, emergency other resources: $9 million)
Millennium Development Goals: 3, 4, 6
A World Fit for Children: Combating HIV/AIDS
Articles of the Convention on the Rights of the Child: 2, 3, 6, 8, 21, 24, 28, 29

80. Combating HIV/AIDS is central to all development efforts. Since the inception of the MTSP, UNICEF has made major advances in establishing HIV/AIDS as an organizational priority; collaborating with partners to identify and promote what works; and scaling up its support, especially in highly affected countries. The scale and complexity of the task demands that UNICEF integrate HIV/AIDS into all areas of its cooperation.

81. All UNICEF country offices were engaged in cooperation for fighting HIV/AIDS in 2003, and ways are being found to address the issue even in countries with low HIV incidence. UNICEF programme expenditures on HIV/AIDS have risen rapidly, from $67 million in 2001 to $111 million in 2003. State-of-the-art technical guidance, information-sharing mechanisms and monitoring indicators have been developed for the four target areas. There have been important developments in incorporating HIV/AIDS into emergency response through new Core Corporate Commitments that include informing young people in emergency settings about HIV prevention, and addressing HIV/AIDS in the United Nations workplace. The UNICEF supply operation is assisting Governments in over 40 countries to purchase antiretroviral drugs and diagnostic equipment, as access to therapies expands with the support of the WHO-led initiative to reach 3 million people by 2005 (*3 by 5*). Results have been achieved through effective partnerships with a wide range of stakeholders in both the public and private sectors. With dedicated efforts from the political and religious leadership and social coalitions, countries such as Brazil, Cambodia, Senegal, Thailand and Uganda have seen or are beginning to see a decline in infection rates.

82. Yet the responses made by all partners still pale in light of the pandemic's magnitude, spread and impact. The 2003 progress report of the Joint United Nations Programme on HIV/AIDS (UNAIDS) clearly shows that few countries will meet the goals set at the General Assembly Special Session on HIV/AIDS in 2001 — unless resources and efforts are dramatically increased.

83. Key challenges continue to include the interaction of HIV/AIDS with poverty and humanitarian crises; the effects of stigma, silence and discrimination; and the weakness of local capacities for prevention, treatment and care. Throughout 2003, the disproportionate effect of the epidemic on girls and women became further apparent, as well as its undermining effects on families and their livelihoods. At the same time, the capacities of local, national and international organizations such as UNICEF is itself seriously affected by HIV/AIDS in the hardest-hit regions.

Target 1:
By 2005, all UNICEF country programmes to have conducted an analysis of the impact of HIV/ AIDS on children and young people, and developed strategies and actions to respond.

84. A national situation analysis on HIV/AIDS, children and young people has now been undertaken in 78 countries and is planned in a further 21. Valuable experience has been gained in participatory action research — involving youth in defining problems and solutions — through the *Right to Know* initiative in 15 countries including Haiti, Jamaica, Serbia and Montenegro, Thailand and Zambia. A further effort is needed to make sure that all countries, including those with generalized epidemics, conduct analyses to establish a baseline and improve knowledge of the impact of HIV/AIDS on children.

85. UNICEF has continued to advocate for greater emphasis responses to HIV/AIDS as part of health and education SWAps and within the PRSP process, with progress reported in Angola, Malawi, Mozambique and elsewhere. Few PRSPs, however, have so far given significant priority to HIV/AIDS. With the support of UNICEF and the United Nations thematic groups, which UNICEF chaired in some 30 countries, an increasing number of countries have adopted or updated their national strategies on HIV/AIDS. In China, for example, the United Nations technical group has been instrumental in strengthening the commitment of the country's leadership to the control of HIV/AIDS and care for people living with HIV/AIDS.

Target 2:
By 2005, ensure that national policies have been approved and action plans are being implemented to reduce the risk and vulnerability of young people to HIV infection, in countries with emerging, concentrated and generalized epidemics.

86. Preventing HIV/AIDS among young people is the core of the UNICEF global response to the epidemic, and is a priority in all regions. Almost all UNICEF offices supported work in this target area in 2003, with increasing focus on meeting young people's needs for information, skills and services.

87. UNICEF continued to work with Governments to develop or update national plans for HIV prevention among young people. In 2003, national plans were in place in some 88 countries, compared to 80 in 2002. However, many of these plans are not yet supported with adequate resources.

88. As the UNICEF publication *Young People and HIV: Opportunity in Crisis* demonstrated in 2002, although young people (ages 15-24 years) are aware that AIDS can be a fatal disease, there are major gaps in knowledge about sexual health and risk reduction. Governments have started to refocus their efforts. An example is Namibia, where an estimated 90 per cent or more of young people are now able to identify the three primary prevention methods[5] after exposure to the *Take Control* campaign. A number of countries, including Côte d'Ivoire and the United Republic of Tanzania, have also increased their focus on peer education. However, far greater scaling-up will be required to achieve the international goal of 90 per cent of young people having the knowledge to protect themselves from HIV infection.

[5] The three primary prevention methods are "Abstinence, Be Faithful and Consistent Condom Use (ABC)".

89. Life-skills-based education for HIV prevention is supported by UNICEF in most countries with high prevalence rates, and many programmes are now operating on a large scale through schools. National strategies in this area have now been adopted by 71 countries, compared to 64 in 2002. In Andhra Pradesh, India, approximately 1.3 million young people were reached during 2003 with HIV prevention education through 11,500 schools. Curriculum reform and teacher training are taking place with UNICEF support in East Asia, sub-Saharan Africa and the eastern Caribbean. Although some groups of adolescents are now reached on a national scale, programmes need to provide continued access to life-skills-based education as adolescents grow.

90. A third component of HIV prevention is increasing adolescents' and young people's access to "youth-friendly" health services. Countries need to become increasingly effective in assisting young people to avoid the threat of HIV/AIDS. In the Ukraine, good practices were documented from four sites and are being used for training elsewhere. Although there are joint programming initiatives underway with UNFPA and WHO in some countries, most of these services need to be expanded and linked more directly with programmes for the prevention of parent-to-child transmission (PPTCT) of HIV.

91. Overall, the scale of interventions in this target area has increased, and UNICEF has shifted to support of wider efforts designed to reach non-school-going as well as school students. However, the participation of young people in these efforts and the incorporation of gender perspectives remain inconsistent. UNICEF is helping to achieve results in terms of the number of teachers and students trained and materials produced, but reporting on the impact of these activities is still weak. Communication efforts are often still limited in their relevance to young people and insufficiently supportive of behavioural change. The mid-term review of the MTSP will provide an opportunity to refine the strategies used to contribute to HIV prevention among young people.

92. UNICEF and the United Nations theme groups continue to work in this area with youth service organizations, international and local non-governmental organizations (NGOs), key bilateral agencies and national partners. UNICEF and UNFPA have undertaken a number of joint projects, primarily funded through the United Nations Fund for International Partnerships. UNICEF and WHO have established effective cooperation to support the delivery of counselling and testing services. UNICEF regional offices have also successfully engaged religious leaders on the issue of HIV/AIDS and young people, especially in Asia. More attention needs to be given to enlisting major international media corporations in these efforts.

Target 3:
By 2005, ensure that policies and plans are under way for the prevention of parent-to-child transmission of HIV in all affected countries.

93. During 2003, UNICEF continued to be a lead supporter of PPTCT programmes around the world. A major development was the reduction in price of antiretroviral drugs and their increased availability for treatment through new global initiatives, with impetus from WHO and the United States Government. The priority for UNICEF and all partners is to move forward with PPTCT Plus, incorporating care and support for mothers, their children and families.

94. From early in the MTSP period, UNICEF has helped to pioneer the introduction of PPTCT programmes. Based on a multi-country evaluation of pilot efforts, UNICEF in 2003 worked with a growing number of countries to build capacities and scale up interventions. The 2003 UNAIDS *Progress Report on the Global Response to the HIV/AIDS Epidemic* indicated that 100 per cent of countries in Latin America and the Caribbean, 91 per cent in sub-Saharan Africa and 78 per cent Asia now have national PPTCT policies.

95. In 2003, UNICEF and its partners provided direct support to PPTCT programmes in 70 countries, up from 58 in 2002 and 41 in 2001. The level of effort within these countries also increased. In 2003, five countries had nationwide programmes and 26 were in the process of scaling up.

96. Data on the coverage of PPTCT services is limited. Based on information from United Nations-supported sites in 32 countries, an estimated total of 1.4 million women in 2002 made use of antenatal facilities in which PPTCT services were available. Of these, about 935,000 were counselled and 840,000 were tested for HIV. Only one half of the women who tested positive received antiretroviral drug treatment. Nonetheless, the rapid scaling up of PPTCT provision — to some 36,000 facilities in developing countries, based on a recent coverage survey — is a considerable achievement, considering that there were virtually no such services at the beginning of this decade.

97. UNICEF-supported PPTCT interventions are well integrated into MCH programmes, through which large numbers of women are receiving information on PPTCT and general HIV prevention. Appropriate infant feeding in the context of HIV is an important component of PPTCT, and data on UNICEF support of HIV and infant feeding will be collected in 2004.

98. Even when services are available, stigma and social barriers often restrict their use. Limited community participation and inadequate involvement of male partners continue to hinder success. One strategy to increase uptake which has been piloted successfully in Cameroon and Zambia is to allow antenatal clients to "opt out" of voluntary testing rather than to "opt in". This approach is being shared across countries as a good practice for PPTCT. Both the involvement of male partners and communication with families must be strengthened, while the improvement of information systems will be critical to monitoring the progress and impact of these programmes.

99. Recent efforts to increase access to treatment should have a synergistic effect on PPTCT programmes by reducing stigma and offering mothers an additional incentive to participate. The PPTCT Plus initiative, led by Columbia University and which operated with UNICEF assistance in eight countries during 2003, is designed to achieve this synergy. The increased availability of funding, through the Global Fund to Fight AIDS, Tuberculosis and Malaria, the initiative launched by the President of the United States and the World Bank's Multi-Country HIV/AIDS Programme for Africa, is expected to contribute to the scaling up of programmes. At the global level, UNICEF will continue to play a key role in advocacy, technical leadership and monitoring and evaluation. At country level, UNICEF will need to re-orient its role in an environment where there are many more partners, some with considerably more resources.

Target 4:
By 2005, ensure that national policies and plans are implemented to ensure protection and care for children orphaned or made vulnerable by HIV/AIDS in all affected countries.

100. Concerned by the magnitude of the orphan crisis and the fragmented response to date, UNICEF stepped up its leadership in this target area in 2003. Consultations in the African regions highlighted the issue and assisted countries in planning for a national response. The first forum of global partners on orphans and vulnerable children (OVCs), convened by UNICEF, resulted in an agreed framework for responding to the crisis. UNICEF also issued *Africa's Orphaned Generations*, a report which stressed both the protection and material needs of orphans and raised the visibility of children within the global response to HIV/AIDS.

101. UNICEF offices report that national strategies for the protection and care of OVCs are in place in 36 countries, compared to 31 in 2002, and under development in a further 32 countries. Rwanda, Uganda and Zimbabwe have put comprehensive national policies and/or action plans in place. However, implementation is slow and coverage still very limited. Most countries will not meet the Millennium Development Goal for OVCs without massive acceleration.

102. UNICEF is now supporting programmes for OVCs in 38 countries in sub-Saharan Africa. Countries are finding ways to incorporate education and protection issues. Swaziland is using community-led approaches, such as "neighbourhood care points", community education grants and a school safety initiative, which appears to be reducing school drop out among orphans. Malawi and Namibia have introduced measures to prevent the grabbing of property from orphaned children and widows, an issue on which the need for leadership was highlighted by the Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa. To guide and encourage action for young orphans, UNAIDS, UNICEF and the World Bank jointly developed guidelines for supporting ECD in HIV/AIDS programmes in Africa. UNICEF has also promoted a greater recognition of the role of faith-based organizations in the care and support of children affected by HIV/AIDS.

103. It became more apparent in 2003 that schools can play a pivotal role in addressing individual, family and community needs. The abolition of school fees could be particularly helpful to OVCs. However, even if the spread of HIV were halted today, the orphan crisis will confront us for at least the next two decades. It must be tackled through a long-term strategy. Although funding is beginning to increase, the magnitude of the crisis dwarfs the resources and capacities available. Many programmes are still small in scale and meet only immediate material needs. Strengthening and broadening of partnerships — such as with local faith-based organizations, associations of people living with HIV/AIDS, youth organizations and micro-finance agencies — are essential for acceleration. The newly adopted global framework will be important in widening the response.

E. Protection of children from violence, abuse, exploitation and discrimination

Estimated expenditure: $123 million (regular resources: $40 million, other resources: $55 million, emergency other resources: $27 million)
Millennium Development Goals: Millennium Declaration, Section VI
A World Fit for Children: Protection against abuse, exploitation and violence
Articles of the Convention on the Rights of the Child: 2, 3, 6-9, 11, 16, 19, 20-23, 30, 34-40

104. Child protection remained high on national and international agendas in 2003. The Optional Protocols to the Convention on the Rights of the Child on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography gained 17 and 19 new States Parties respectively. As an indicator of national recognition of protection issues, 80 UNICEF offices reported that the Government had made a public statement on trafficking as compared with 64 in 2002. Similarly, 84 offices reported that the Government had made a public statement on sexual exploitation, up 14 from 2002.

105. The annual report of the Secretary-General on children and armed conflict (A/58/546-S/2003/1053 and Corr.1) included for the first time a list of those parties to armed conflicts on the Security Council agenda recruiting or using children in violation of their international obligations. The Secretary-General also appointed an independent expert to prepare his report on violence against children and issued a bulletin establishing minimum standards of behaviour for United Nations personnel regarding sexual abuse and exploitation. Work with the Committee on the Rights of the Child has encouraged national action on sensitive protection issues, including in the Middle East and North Africa region, where eight countries initiated activities to reduce violence in schools.

106. Since the beginning of the MTSP period, there clearly has been increased emphasis on child protection in UNICEF programmes of cooperation. The "protective environment" approach, laid out in the UNICEF operational guidance for the MTSP, is providing a common reference for programmes and encouraging greater emphasis on systemic change, for example, through support to legislative reform, attitudinal change, building of capacity among those working to protect children, national monitoring and helping children and adolescents to protect themselves. While there are now fewer small-scale projects of limited effectiveness, the breadth of the child protection challenge means that UNICEF must continue to strengthen its focus.

107. Particularly during 2003, UNICEF stepped up its efforts to emphasize with United Nations and national partners the close linkages between child protection and the Millennium Development Goals as well as the relevant provisions of the Millennium Declaration. Experience so far suggests that while Common Country Assessments (CCAs) and PRSPs can quite readily address questions of vulnerability and discrimination — for example, against minority groups or children with disabilities — key protection issues may be harder to incorporate. There are examples of United Nations joint programming which can be built on, such as the inter-agency project on trafficking of persons in the Mekong subregion.

108. Partnerships have expanded in several areas, notably with faith-based organizations for the protection of orphans in Africa, and with the World Bank on

child protection assessments in the Middle East and North Africa region. Collaboration has been strengthened with WFP, Save the Children and World Vision to address sexual exploitation and with the Office of the United Nations High Commissioner for Refugees (UNHCR), the International Committee of the Red Cross, Save the Children and World Vision on the protection of children in conflict. Partnerships with the private sector represent an opportunity which has been identified in a number of countries.

109. UNICEF is expanding the protection component of its Core Corporate Commitments for work in emergencies. These now include preventive actions and response with regard to separated children, the recruitment of children, and abuse, violence and exploitation of children and women. Some examples from 2003 illustrate how this role has already grown. In Sierra Leone, UNICEF documented 1,037 cases of gross violations of child rights and supported data bases on abducted children in Uganda and child soldiers in Sri Lanka. In Liberia, UNICEF supported the establishment of a child protection group of more than 40 NGOs, as well as a task force which has already reunified over 100 children with their families. The number of UNICEF offices undertaking general advocacy on behalf of children in armed conflict increased from 21 in 2002 to 29 in 2003; on the demobilization of child soldiers from 15 to 18; and on internally displaced children from 12 to 15. At the global level, UNICEF worked with partners to produce the Inter-Agency Guiding Principles on Unaccompanied and Separated Children. UNICEF continued its close collaboration with the Office of the Special Representative of the Secretary-General for Children and Armed Conflict, including for the finalization and piloting of a training package for peace-keeping personnel.

Target 1:
Identify indicators for, document and analyse the impact of violence, abuse, exploitation and discrimination against children as a basis for interventions.

110. The first two years of the MTSP period saw significant progress in improving the assessment of child protection. UNICEF convened a major consultation with NGO and United Nations partners in 2003 which identified potential indicators for children in formal care, juvenile justice, female genital mutilation (FGM) and child marriage. The use of these indicators will be piloted. UNICEF will now address the development of indicators on violence against children and the worst forms of child labour. Work on indicator development has also taken place at the regional level, for example to monitor commitments to combat commercial sexual exploitation and trafficking of children in East Asia and the Pacific. Studies on child protection by the UNICEF Innocenti Research Centre, including on disabilities, children in institutions and the minimum age of criminal responsibility, have also contributed to improved documentation and analysis.

111. At country level, 109 UNICEF offices reported that a child protection analysis was either in place or under development, up from 91 in 2002. UNICEF also continued to support research activities on specific protection issues, such as a review of data on crimes and sentencing of juveniles over an eight-year period in Uruguay.

112. There are also many initiatives to build systems and capacities for the collection and analysis of data on child protection. In Guatemala, for example, UNICEF assisted the Ministry of Labour in the establishment of a system for

reporting violations of child labour standards; and in Bangladesh, UNICEF supported the gathering of gender-disaggregated data on orphans, early marriage and adolescent awareness as part of the multiple indicator cluster survey (MICS).

113. The first two years of the MTSP period confirmed the anticipated constraints to meeting this target. Violence, abuse and exploitation of children are often hidden behind secrecy, criminality and tradition. Government capacities for monitoring child protection tend to be weak. While UNICEF has improved its work in assessment, the resulting analyses are not yet always of high quality.

Target 2:
Work with Governments on national standards for the protection of children not in the care of their families, in conformity with international standards.

114. Some regions have found that this target's emphasis on international standards provides a solid foundation for cooperation. For example, in the CEE/CIS region, a joint UNICEF/World Bank assessment of child-care systems was undertaken which led to the piloting of tool kits to guide the process of reform. Other regions have found this focus less helpful due to limited administrative capacities. In response, some UNICEF-assisted programmes have taken a broader perspective that addresses standards and legislation while strengthening the capacities of social welfare systems and families.

115. In 2003, only 23 UNICEF offices indicated that national standards adequately protect children deprived of their liberty or in formal care. Regional patterns suggest a relatively high number of countries in the CEE/CIS region with adequate standards, and notably lower levels in the Middle East and North Africa and South Asia regions. While Governments such as those of Jamaica and Viet Nam have stated their intention to develop alternative, community-based forms of care, others have been slower to prioritize family options for children without caregivers.

116. In Armenia, UNICEF worked with the Government to shift funding from institutional care to support for vulnerable families and supported the development of foster care systems. In Bosnia and Herzegovina, UNICEF worked with partners to ensure the inclusion of provisions in the PRSP aimed at reducing institutionalization. The Government of China announced a major shift of emphasis in the care of abandoned children and orphans towards community-based solutions such as foster care, following UNICEF support for research and study visits.

117. UNICEF is participating in efforts to encourage the development of new and more comprehensive international standards for children deprived of parental care. Steps to date include the co-founding of a new global network for better care and strengthening of partnerships with NGOs working on this issue, including International Social Service and Save the Children.

118. Progress is also apparent in the area of juvenile justice, an area of work for some 80 UNICEF offices, although custodial sentencing continues to be too heavily used as a response to children in conflict with the law. UNICEF promotes special protection measures for children in post-conflict justice and truth-seeking mechanisms, such as in the Truth and Reconciliation Commission in Sierra Leone.

119. The major emphasis of UNICEF work to support children with disabilities during the MTSP period is on promoting inclusive education. In a few countries, notably Nicaragua, the Russian Federation and The former Yugoslav Republic of

Macedonia, efforts are also being made to strengthen outreach services to children with disabilities and their families, linked in some cases to reducing the use of institutional care. UNICEF-sponsored national surveys in China, Tajikistan and a few other countries have helped to increase awareness, while screening programmes and community-level work to decrease discrimination against children with disabilities are also supported in several countries.

Target 3:
Support countries towards eliminating trafficking of children, sexual exploitation, forced and bonded labour of children, and use of children in conflict.

120. UNICEF has helped to advocate for the ratification of International Labour Organization (ILO) Convention 182 on the worst forms of child labour since its adoption. The Convention had been ratified by 147 countries by the end of 2003, an increase of 34 countries since the start of the MTSP period.

121. UNICEF work has included support to policy development, legislative reform and capacity-building at regional, national and community levels. In the CEE/CIS region, UNICEF developed Guidelines for Protection of the Rights of Children Victims of Trafficking in South Eastern Europe, which were adopted by the Stability Pact, a security mechanism for South Eastern Europe. In South Asia, UNICEF supported the development of a network of children and young people working to end commercial sexual exploitation. National plans of action on trafficking have been introduced in China, Indonesia and Serbia and Montenegro. UNICEF worked with authorities in Angola at high-risk border crossings and supported local education and preventive efforts against trafficking in the Philippines.

122. Efforts to combat the worst forms of child labour require a strong partnership base. UNICEF now works with ILO in over 60 countries. Joint activities in 2003 included a programme combining education for working children with financial credit for their families in Paraguay; a child labour survey in Jamaica; and a time-bound plan of action in Indonesia. In the West and Central Africa region, a number of new partnerships were developed, including with an NGO partner in Benin where 200 trafficked children working in gravel mines were repatriated.

123. Child trafficking networks are proving unexpectedly able to adapt in response to interventions. Networks in West Africa moved into other sectors when monitoring was improved in the cocoa sector and internal trafficking rose when border controls were strengthened. There has been only limited progress in including child labour issues in national statistical systems: in 2003, only 52 UNICEF offices indicated that the Government collected routine data on the worst forms of child labour, an increase of five from 2002. While it takes time to improve statistical systems, the absence of data undermines effective response.

124. Work with child soldiers continues to be significant, with partners including the United Nations Department of Peacekeeping Operations, the World Bank and NGOs, as in Côte d'Ivoire and the Democratic Republic of the Congo, where 814 and 846 children were demobilized, respectively. Parties to the conflict in Sri Lanka agreed, with UNICEF facilitation, on a plan which established a formal release and reintegration system for child soldiers.

Target 4:
Develop, fund and implement interventions for the reduction of violence against children.

125. In 2003, 78 UNICEF offices reported that a review of legal standards to protect children from violence had been undertaken either by the Government or others within the last three years, up by 17 from 2002. A high proportion of these countries were in the CEE/CIS and Latin American and Caribbean regions. Examples of legislative improvements include national plans of action against family violence and violence against children in Bolivia, Guatemala, Jamaica, Mexico and Panama. Three quarters of UNICEF country offices continued to promote awareness-raising on violence against children.

126. In Senegal, where UNICEF has supported Tostan and other NGOs in community mobilization efforts against FGM, some 564 villages have made public declarations against the practice. Public declarations have also been made in Ethiopia, supported by draft legislation to ban all forms of FGM. UNICEF is reviewing the "public declaration" approach for possible replication. There have also been examples of strong governmental commitment to eradicating FGM, such as in Egypt. Recent data are not yet available from household surveys, so there is as yet no firm evidence of a reduction in the overall prevalence of FGM.

127. Efforts for the protection of women and children from sexual violence in humanitarian crises have included the development of a code of conduct applicable to international and national staff, and over 4,000 humanitarian relief workers have been trained in Africa. UNICEF, in the Democratic Republic of the Congo, Guinea and Sierra Leone, has developed programmes to respond to gender-based violence, which include components on HIV transmission.

128. A further area of work has been violence in schools. In some countries, such as Nepal, this has involved gathering information, and in others the production of advocacy materials on bullying. In Malaysia, the recent Child Act mandated teachers and health professionals to report cases of suspected child abuse and established child protection teams at the district level. Prevention of violence within the family has also been addressed as part of UNICEF work on family care practices and through communication campaigns.

129. UNICEF has expanded its activities relating to landmines to 31 countries from 18 at the start of the MTSP period, with particular emphasis on Asia and Eastern and Southern Africa. UNICEF produced its first mine action strategy, intended to clarify its responsibilities and support to the United Nations multi-year strategy in this area, and strengthened its capacity to support mine action in the field, with financial assistance from the United Kingdom Department for International Development (DfID) and the Swedish International Development Agency.

130. It has become clear that at present, the comparative advantage of UNICEF is mainly in the area of violence in schools and within the family. There are other areas — such as peer and gang-related violence — in which UNICEF lacks experience. The connections between violence and other areas of UNICEF work are extensive, as is the challenge of reducing the acceptability of violence against children. This area now require greater focus and more effective identification of good practices.

III. Strategies for achieving the organizational priorities

A. Programme excellence and effective country programmes of cooperation

131. Effective country programmes of cooperation are the primary vehicle through which UNICEF and national partners deliver results for children and in support of the Millennium Development Goals. As outlined in the MTSP, effective programmes are considered to be ones which use results-oriented management tools and a human rights-based approach to achieve sustained improvements in the lives of children and women.

132. A key achievement in support of this approach in 2003 was the adoption by the United Nations Development Group (UNDG) Programme Group of an inter-agency document on a human rights-based approach to development cooperation, to which UNICEF made major contributions. The global guidelines for the CCA and United Nations Development Assistance Framework (UNDAF) were revised to reflect a clearer rights-based approach to United Nations country-level cooperation for the Millennium Development Goals. With support from DfID, an external assessment was made of the use by UNICEF of the human-rights based approach, including gender mainstreaming. The results of this assessment will be reflected in the mid-term review of the MTSP.

133. As envisaged in the MTSP, a strategic results matrix was introduced for new UNICEF programmes of cooperation in 2003, establishing expected results in the priority areas of the MTSP for each country programme, and linking these to the country's UNDAF outcomes and the Millennium Development Goals. An external review of the first set of these programme management matrices, supported by USAID, identified a number of positive examples as well as weaknesses in setting baseline values and measurable outcomes. The regional planning teams will continue to work with country offices and partners to strengthen results-based planning, monitoring and reporting, making use of new guidance which was issued in 2003. Meanwhile, the basis for organization-wide performance monitoring was extended by the systematization of internal reporting by headquarters divisions and regional offices, and UNICEF initiated the design of a core set of performance indicators, to be put into place by the end of 2004.

134. UNICEF country offices estimate on average that in 2003, about 75 per cent of annual project objectives were met. The equivalent estimate for the completion of planned monitoring, evaluation and research activities is somewhat lower, although increasing from 63 per cent in 2002 to 68 per cent in 2003. In this context, the focus on strengthening the evaluation function throughout UNICEF — including through the use of integrated plans to identify knowledge gaps, indicators and priority monitoring and evaluation activities — has been further intensified. The Evaluation Office completed a meta-evaluation of the quality of evaluations undertaken by country offices. Using norms and standards presently guiding the evaluation profession, the Office estimated that approximately one third of the evaluations met the standard and that one third were quite unsatisfactory. Special focus will be given in early 2004 to the development of an action plan to strengthen UNICEF staff competence in evaluation. The Evaluation Office also conducted an assessment on how UNICEF learns from evaluation findings, which was used in the report

submitted by the Secretary-General to the Economic and Social Council on how lessons from evaluation are used at country level.

135. With support from DfID, two pilot evaluations were undertaken of country programmes and progress was made on the development of a standard methodology for country programme evaluations. The Evaluation Office also conducted an assessment of UNICEF efforts to strengthen its capacity for humanitarian response. Guidelines for conducting "real-time" assessment of management performance in the early stages of emergency situations were developed and will be tested in Liberia in early 2004. This initiative is part of a much-needed effort to improve the assessment and evaluation of the UNICEF humanitarian response.

136. 2003 saw improvements in some key indicators of country programme management performance. Seventy-three per cent of UNICEF country offices reported having reviewed and where necessary updated their emergency preparedness and response plans, compared to 65 per cent in 2002. A significantly higher percentage of offices in 2003 — 70 per cent - also indicated that they had a regularly monitored fund-raising strategy for the other resources component of the country programme approved by the Executive Board, as compared to 53 per cent in 2002. There appears to have been a major increase in 2003 in the amount of time spent on in-country travel, for programme monitoring and other purposes, by UNICEF Professional staff.

137. The timely submission of donor reports is still an area of concern, with a median of 69 per cent of reports estimated to be submitted on time, compared to 72 per cent in 2002. UNICEF worked intensively during 2003 to strengthen oversight and support to country offices on donor reporting. Meanwhile, some 57 per cent of country offices had completed annual management plans by March 2003, but 22 offices reported having no management plan at all.

B. Partnerships for shared success

138. The establishment of the Office for Public Partnerships in January 2003 provided a launching pad for the revitalization of UNICEF alliances with a number of key constituencies in the follow-up to the Special Session on Children and for strategic joint efforts in support of the MTSP priorities, the Millennium Declaration and the Millennium Development Goals. Priority was given to partnerships with child rights, social development and youth membership organizations, political leadership associations and faith-based and sports organizations. UNICEF also continued to support the work of global intergovernmental organizations.

139. The major examples of partnership development that are discussed below complement the partnerships in specific priority areas which are detailed earlier in this report, including with United Nations agencies, the World Bank and others. Cooperation and reform initiatives with United Nations agencies were discussed in the annual report of the Executive Director to the Economic and Social Council (E/2004/3-E/ICEF/2004/4), presented to the Executive Board at its first regular session of 2004.

140. The Inter-Parliamentary Union and UNICEF developed a medium-term programme of work, focusing on child protection through advocacy with parliamentarians, legislation and parliamentary oversight. An inter-agency task

force, co-chaired by the UNICEF Executive Director, launched a United Nations report, *Sport for Development and Peace: Towards Achieving the Millennium Development Goals*, with the aim of promoting partnerships and programme action. This was complemented by a drive for a growing engagement between UNICEF field offices and the national associations of global sports partners, including the International Olympic Committee, in support of girls' education and children's right to play. An agreement was reached with the leadership of the World Conference of Religions for Peace on joint initiatives for children, including the development of advocacy statements, messages for congregations and tool kits on violence against children and HIV/AIDS. An understanding was developed for the joint promotion of child and youth participation with the Alliance of Youth Chief Executive Officers, consisting of the seven largest global youth movements, and with the World Association of Girl Guides and Girl Scouts for promoting local projects with girls.

141. UNICEF continued to support and act as a member of the Global Movement for Children Convening Committee and, together with the Child Rights Caucus and the Committee, produced a first-year report on the follow-up to the Plan of Action of *A World Fit for Children*. Collaboration took place with interregional governmental bodies, including the Organization of the Islamic Conference, to promote follow-up to the Special Session on Children at the national level. Support was also provided to the Regional Network for Children in the CEE/CIS region for the *Leave No Child Out* campaign. Other UNICEF regional offices, such as that for the Americas and Caribbean, also worked with NGO networks to promote national actions for children. Throughout 2003, UNICEF collaborated closely with other United Nations agencies and the Millennium Project in international efforts to promote the Millennium Development Goals.

C. Influential information, communication and advocacy

142. The use of the new UNICEF brand continued to grow, and surveys of country offices and the National Committees for UNICEF showed a good level of understanding and implementation of the brand. Communication strategies, information kits and other materials were developed to support each of the five priority areas of the MTSP, for use throughout the organization and by National Committees. The UNICEF web site was redesigned, with a major focus on the MTSP priorities and strategies.

143. Under the MTSP, greater focus in UNICEF advocacy for children has been achieved through a close alignment with the organizational priorities and the Millennium Development Goals. Major communication and advocacy efforts were made in support of girls' education and in turn for the Millennial Goals for universal primary education and gender equality. UNICEF also developed a more partnership-based approach to communication work on HIV/AIDS and young people, and launched a web site on this issue with the Henry J Kaiser Foundation, UNAIDS and the BBC World Service Trust. Collaboration was also expanded on the coverage of child rights issues with the BBC and with other key radio and television broadcasters. UNICEF also made major contributions to the development of a campaign strategy for the Millennium Development Goals and to the communication work of the GAVI partnership.

144. *Child Poverty in the Developing World*, a study produced by a team of British experts with UNICEF support, generated strong public interest. It was complemented by a study of disparities on child indicators in the 1990s. UNICEF also increased its analytical and advocacy work, together with other United Nations agencies and NGOs, in the area of national budgeting from a child-friendly perspective. This will build on the recent successful experience of UNICEF and the Government of Ecuador.

145. In 2003, publications of the Innocenti Research Centre included the *Social Monitor 2003*, a regional monitoring report for CEE/CIS, with a feature on infant mortality which was linked to efforts to raise awareness of child survival issues; the fifth edition of the *Report Card* series for industrialized countries, which focused on child deaths due to maltreatment; and issues of the *Innocenti Digest* series on *Ensuring the rights of indigenous children* and *Poverty and exclusion among urban children*. The Centre also disseminated information on good practices through the Child-Friendly Cities project, and worked with National Committees to develop a European initiative in this area. The Innocenti Centre also contributed to UNICEF organizational support to the Committee on the Rights of the Child, including in the areas of juvenile justice and indigenous children.

146. UNICEF plays a leading role in reporting on progress towards the Millennium Development Goals and is the lead monitoring agency for 10 health-related indicators and a close collaborator in providing data for a further five indicators. MICS, supported by UNICEF, are also key to generating the data needed on a periodic basis for many of the indicators for the Millennial Goals. Among the data products in 2003 were the updated joint UNICEF/WHO/World Bank estimates for child mortality, joint UNFPA/UNICEF/WHO estimates for maternal mortality and the issuance of the UNICEF/WHO *Africa Malaria Report 2003*. In support of monitoring at the national level, considerable progress was made in the conversion of the *ChildInfo* software to *DevInfo*, which was endorsed by the United Nations for country-level use. *DevInfo* will be field-tested and made available to interested countries in 2004. It will contribute to setting standards for storage, access and dissemination of data for the Millennium Development Goals.

D. Excellence in internal management and operations

147. In 2003, the Office of Internal Audit completed 28 field audits, the findings of which focused on the MTSP and related performance issues. Statements of conformity to internal audit standards were introduced as part of the quality assurance of audits. Headquarters audits looked at a series of critical areas for organizational performance, including fund-raising and donor reports; the management of cash assistance and performance information; and support by regional offices to country offices. Audit guidelines were extended to cover the assessment of UNICEF activities relating to the UNDAF, and for information technology (IT) issues in field offices. Overall, 92 per cent of audit recommendations made in the first year of the MTSP had been closed by the end of 2003, a marked improvement over earlier years.

148. In the area of human resources, almost all country offices implemented plans to strengthen staff learning and development for implementation of the MTSP. The policy framework was strengthened for the decentralization of services, staff

management, conditions of service and succession planning and initiatives were taken to upgrade skills for the use of IT in human resources management. A new *Professional and Personal Development* initiative was launched as a framework for career management, and 140 staff members were trained to support others with the approach. Emphasis was also put on standardizing the recruitment and placement of staff based on competencies, and competency profiles for 22 functional sectors were completed. CD-ROM materials for the induction of new staff were introduced and the organizational training packages on programme process, emergency preparedness and response, humanitarian principles and young people and HIV/AIDS were revised to better align them with the MTSP. Progress was also made on the development of an effective performance management system for staff.

149. With the support of DfID, a solid network of staff at all levels has been developed for strengthening the UNICEF humanitarian response. Capacity for staff deployment in emergency situations was boosted through continued arrangements with the Norwegian Refugee Council, Danish Refugee Council and DfID, which led to 39 temporary deployments in 2003. These arrangements and the new rotation policy enabled UNICEF to provide a timely response to a number of emergency situations, including the Iraq crisis. Meanwhile, UNICEF involvement in inter-agency work and reviews included policy formulation, advice and ongoing work in areas such as domestic partnerships, inter-agency mobility, sexual harassment, reform of pay and benefits and spousal employment.

150. Following the endorsement by the General Assembly of the Secretary-General's report on establishing a framework of accountability within the United Nations Security Management System,[6] UNICEF issued its security policy in January 2003 for the application of this framework within the organization. Regional Directors and Representatives are now accountable to ensure compliance with the Minimum Operating Security Standards (MOSS). By late 2003, 59 of 124 country offices surveyed were fully MOSS-compliant and 64 were partially so. All staff in 81 per cent of field offices had completed the *Basic Security in the Field* CD-ROM training course. While the UNICEF security response capacity has increased, much of the effort in this area had to be devoted to the Middle East in 2003.

151. By late 2003, 46 country offices had a work plan and budget in place to implement the UNICEF minimum standards on HIV/AIDS in the workplace, which were introduced in mid-year together with a video on this critical issue. Some 230 sessions were held in 2003 to orient country office staff on the United Nations/UNICEF policy on HIV/AIDS in the workplace and to provide advice on how HIV can be avoided. This was a 37 per cent increase from 2002. While offices in sub-Saharan Africa led the way in orientation sessions, other regions will need an intensified focus.

152. In 2003, the Information Technology Division built on the substantial progress made in systems integration and implementation and on the solid information and communications technology infrastructure established in 2002 and earlier. Key results included the upgrading of the Programme Manager System and the Financial and Logistics System, which made the systems more stable and effective; the adoption of an IT security policy and electronic code; increased global connectivity,

[6] General Assembly resolution 57/155 of 16 December 2002.

which has enabled expansion and cost-savings and which links 179 UNICEF offices worldwide in a secure network; and the upgrading of the UNICEF web site in support of the new brand.

153. Secure connectivity to other United Nations agencies was established. UNICEF served as a source of information to other United Nations agencies that are considering implementation of Enterprise Resources Planning applications; and played a major role in establishing and supporting the UNDG working group on harmonization of information and communications technology (ICT), which made recommendations for the simplification and harmonization of ICT activities in field locations. UNICEF also provided leadership in the SAP Substantive Interest Group and the Inter-Agency Telecommunications Advisory Group, including in promoting umbrella contracts for the United Nations. The year also saw a special focus on capacity-building in emergency telecommunications at the global and regional level as well as training on VSAT, radio and portable satellite, MOSS and emergency-related telecommunications. With its development of the fly-away VSAT in 2003, which has become a standard for other United Nations agencies, UNICEF is now capable of responding rapidly to emergencies with efficient communications.

154. There was also progress in the implementation of corporate analytical reporting facilities which enable expenditure analysis based on the five priorities of the MTSP. In addition, an analytical application was developed for field offices on cash assistance to counterparts, as well as standard reports for use in regional oversight of donor reporting.

155. UNICEF supply support to developing countries increased substantially in 2003, rising by about one third to some $700 million worth of supplies compared to $541 million in 2002. Most of the increase was in strategic goods in support of the organization's priorities, including vaccines, essential medicines, bednets, educational items and nutritional supplements. UNICEF procured $348 million worth of vaccines for children in developing countries and remained the largest buyer of mosquito nets worldwide.

156. Of the total supplied, some $162 million worth of supplies was provided to Procurement Services customers. Through this facility, which increased by about $42 million compared to 2002, UNICEF works with national partners to strengthen their own efforts to assist children and their families. Vaccines account for about 80 per cent of the overall value of Procurement Services, but medical, pharmaceutical and nutrition supplies grew significantly. Antiretroviral drugs are likely to be a major area of future demand. New partners, including global funds, NGOs and United Nations agencies are increasingly using UNICEF Procurement Services, for example Columbia University in the area of PPTCT and the procurement of polio vaccine through a World Bank loan mechanism to countries facing funding shortfalls.

157. An additional service function is the management of stocks for UNHCR and IFRC, the volume of which increased by almost two thirds in 2003.

158. UNICEF Supply Division has emerged as a supply leader in several key areas for progress towards the Millennium Development Goals. It procures all vaccines for GAVI and has worked to establish the needed expertise for vaccine security, the safe delivery of HIV/AIDS-related products, back-to-school supplies and the rapid introduction of long-lasting bed nets. Key performance indicators show major

improvements: the percentage of on-time deliveries in offshore procurement has doubled since 2001, to 50 per cent, and the internal processing time for Supply Division transactions has fallen to an average of 22 days compared to 42 in 2002, due in part to the high number of products for which long-term arrangements have been established with suppliers. Investments in bar-coding, new packing machinery and a new forecasting system have also increased productivity and reliability.

159. The first of an intended series of regional emergency warehouse hubs was opened in South Africa, with support from DfID for initial warehouse stock, and provided immediate support to Liberia. Meanwhile, the value of procurement for the Iraq emergency programme was an unprecedented $50 million. With about 30 per cent of UNICEF procurement taking place in field offices, support was stepped up in 2003 to supply planning and information dissemination for country offices. Guidelines were developed for more systematic end-use monitoring of supplies, and a tool was tested for assessing basic commodity needs in poor families. While the comparison of procurement options and prices has improved in UNICEF field offices, other aspects of supply planning and end-user monitoring still need improvement.

IV. Income and expenditure

A. Income

160. Total contributions[7] to UNICEF in 2003 amounted to $1,680 million,[8] compared with contributions of $1,454 million in 2002. This increase of 16 per cent results from substantial increases in emergency contributions as well as some growth in regular resource contributions and exchange rate gains. Contributions in 2003 were higher than the financial plan forecast by 20 per cent.

161. Government contributions to regular resources were in line with the financial plan and 10 per cent higher than in 2002. Regular resources from the private sector — primarily through UNICEF National Committees and including inter-organizational arrangements — increased by 4 per cent, and were 40 per cent higher than the financial plan.

[7] Includes donor contributions, Private Sector Division income and other income.

[8] Preliminary figures subject to adjustments. 2003 income was $1,672 million, which equals total contributions ($1,680 million) less adjustments reflecting transfers to the biennium budget ($8 million).

Table 1
Contributions to UNICEF by type and source of funding, 2002-2003
(In millions of United States dollars)

Source of contribution	*2003 Actual*	*2002 Actual*	*2003 Planned*	*Increase over 2002*		*Increase over financial plan*	
				$	*%*	*$*	*%*
Regular resources							
Government	404	368	400	36	10	4	1
Private sector	293	282	210	11	4	83	40
Other	37	59	30	(22)	(37)	7	24
Subtotal	**734**	**709**	**640**	**25**	**4**	**94**	**15**
Other resources — regular							
Government	351	343	350	8	2	1	0
Private sector	162	162	165	-	-	(3)	(2)
Subtotal	**513**	**505**	**515**	**8**	**2**	**(2)**	**-**
Other resources — emergency							
Government	372	203	210	169	83	162	77
Private sector	61	37	35	24	64	26	75
Subtotal	**433**	**240**	**245**	**193**	**80**	**188**	**77**
Total	**1 680**	**1 454**	**1 400**	**226**	**16**	**280**	**20**

162. Other income (categorized as regular resources), comprising interest income, miscellaneous income and currency adjustments, fell by $22 million. The miscellaneous income subcategory of other income was $17 million higher than in 2002 due to the adjustments resulting from the cancellation of outstanding budgetary obligations as required by UNICEF financial regulations and rules. Interest income was lower by $3 million in 2003.

163. For 2003, the ratio of regular resources to total contributions deteriorated to 44 per cent. This ratio compares unfavourably with 47 per cent in 2002 (after excluding the effects of a one-time legacy contribution to regular resources) and the financial plan forecast ratio of 46 per cent. The 2003 ratio of regular to other resources has been affected by the growth in emergency contributions.

164. Total contributions to other resource (both regular and emergency) for 2003 amounted to $946 million, an increase of 27 per cent ($201 million) as compared to 2002 and $186 million (25 per cent) in relation to the financial plan projections. Regular other resources contributions registered a 2-per-cent increase in United States dollar terms but a decline in terms of the donor currencies. There was a significant increase in emergency other resources contributions — an overall increase of 80 per cent compared to 2002 and 77 per cent compared to the financial plan.

Table 2
Contributions to UNICEF by source and type of funding, 2002-2003
(In millions of United States dollars)

Source of contribution	2003 Actual	2002 Actual	2003 Planned	Increase over 2002 $	Increase over 2002 %	Increase over financial plan $	Increase over financial plan %
Government	1 127	913*	960	214	23	167	17
Private sector/non-government	516	482*	410	34	7	106	26
Other	37	59	30	(22)	(38)	7	23
Total	**1 680**	**1 454**	**1 400**	**226**	**16**	**280**	**20**

* Rounded.

165. UNICEF also received $341 million in cash for trust fund accounts in 2003 and the expenditures totaled $268 million. Trust funds are not considered UNICEF income and are recorded separately and distinguished from resources approved by the Executive Board. Trust funds in 2003 included receipts for Procurement Services and from the Vaccine Fund, the Oil-for-Food Programme, Junior Professional Officers and others.

B. Expenditure[a]

166. In 2003, total expenditures (excluding write-offs and reimbursements) amounted to $1,450 million, an increase of 14 per cent over 2002 expenditures and 6 per cent more than the financial plan forecast of $1,368 million. Management and administration expenditures were $87 million (6 per cent) and programme support equaled $155 million (11 per cent) of total expenditures. Direct programme assistance amounted to $1,208 million — a 16-per-cent increase over 2002 and 83 per cent of total expenditure.

[a] Estimated figures.

Table 3
UNICEF expenditures, 2002-2003
(In millions of United States dollars)

Nature of expenditure	2003 Actual	2002 Actual	2003 Planned	Increase over 2002 $	Increase over 2002 %	Increase over financial plan $	Increase over financial plan %
Programme assistance	1 208	1 043	1 120	165	16	88	8
Programme support and management and administration	242	225	248	18*	8	(6)	(2)
Subtotal (reported expenditures)	**1 450**	**1 267***	**1 368**	**183**	**14**	**82**	**6**
Write-offs	11	6	-	5	86	11	100
Support cost reimbursement	**8**	7	**8**	**1**	12	-	-
Total	**1 469**	**1 280**	**1 376**	**189**	15	93	7

* Rounded.

167. As shown in figure I, the early childhood priority maintained the largest aggregate share of programme expenditures (36 per cent), followed by immunization "plus" (22 per cent) and girls' education (19 per cent). The share for girls' education already exceeds the share projected for 2005 by the MTSP, and this is reinforced by the even higher share of regular resources expenditure (24 per cent) for this priority in 2003. Child protection, at 10 per cent of both overall expenditure and of regular resources, retained its projected share. The share for HIV/AIDS has increased to 9 per cent of total spending compared with 3 per cent in 2000 and it is notable and encouraging that this priority accounted for 13 per cent of regular resources expenditure in 2003. Especially for immunization "plus", there was a high level of reliance on other resources, while emergency other resources accounted for almost 40 per cent of spending for early childhood, causing a possibly temporary inflation of its share.

168. As shown in the annex, programme expenditures in 2003 continued to be concentrated in countries with low income (65 per cent) and high or very high under-five mortality rates (70 per cent).

169. The Executive Director allocated $24.9 million to country programmes from the global set-aside of 7 per cent of regular resources. The funds were allocated in support of strategic initiatives, in line with Executive Board decision 1997/18. Some 41 per cent of the set-aside was used to combat AIDS and its effects, including for the protection of orphaned children and in PPTCT efforts, while 16 per cent supported girls' education initiatives and 12 per cent went to child protection. The remaining funds were allocated to support arsenic mitigation, ECD and polio eradication, as well as health initiatives in Haiti. Forty-three per cent of the set-aside funds were allocated to countries in Asia and 30 per cent to sub-Saharan Africa.

C. Resource mobilization

170. In 2003, total resources from Governments were $ 1,090.4 million, an increase of 23.3 per cent over 2002. Several donors provided major increases, including the United Kingdom, whose total contribution increased by $58.5 million, the United States ($41.4 million), Canada ($31.5 million), Sweden ($29.1 million) and Norway ($21 million). However, the overall share of regular resources income, at 44 per cent, continued a disturbing trend towards increasingly earmarked funding, which weakens the ability of UNICEF to provide predictable, high-quality development and emergency support in all programme countries.

171. At the pledging event in January 2003, 62 Governments pledged $392 million. Some 28 Governments increased their regular resources contributions, and 19 of these provided an increase of more than 7 per cent. By the end of 2003, a total of 90 Governments (35 high-income, 37 middle-income and 18 low-income countries) had contributed $403 million to regular resources. This represented an increase of 10 per cent compared to 2002. The United States remained the largest government donor to regular resources, with a contribution of $119.2 million, followed by Norway ($46.2 million), Sweden ($36.3 million), the Netherlands ($32.7 million), the United Kingdom ($27.8 million) and Denmark ($26.9 million).

172. The largest donors to other resources (both regular and emergency) were the United States ($168.9 million), the United Kingdom ($102.3 million), Japan ($77.6 million), Canada ($76.1 million), Sweden ($66.7 million), Norway ($57.2 million), the Netherlands ($41.3 million), Australia ($24.5 million), Italy ($21.1 million) and Ireland ($ 9.6 million).

173. There was an unprecedented 87-per-cent increase in emergency other resources contributions from Governments compared to 2002, with 14 of the top 23 government donors increasing their emergency contributions and a total of 32 Governments providing support in this area, compared to 27 the previous year. Some 35 National Committees for UNICEF and five other donors also provided support. Total income for emergencies from Governments was $334 million, of which $219.4 million were part of the Consolidated Appeals Process (CAP). A number of Governments, most notably Denmark and Sweden, responded to CAP appeals early in the year and increased flexibility in their emergency funding. Nonetheless, a dozen CAP appeals were funded below 50 per cent of the target, indicating that a number of emergency situations continue to receive inadequate attention.

174. In accordance with Executive Board decision 1998/8 on the resource mobilization strategy, UNICEF undertook 17 consultations or high-level visits with donor Governments. A further 59 discussions and presentations were held on thematic, technical or programmatic issues. These discussions are increasingly focusing on the strategic contributions of UNICEF to the Millennium Development Goals; the need to obtain regular resources contributions to strengthen the core capacity of UNICEF to support national priorities over the medium term; and flexible, thematic contributions which do not entail high transaction costs. Field representatives are increasingly involved in these consultations.

175. 2003 was a breakthrough year for thematic funding for the MTSP priorities. A total of $29.4 million was mobilized from four Governments ($24.4 million from Norway, Sweden, Finland and Andorra) and eight National Committees ($5 million from the National Committees in Japan, the United Kingdom, the United States,

Italy, France, Spain, Belgium and Sweden). Of these thematic contributions, $20.1 million was for girls' education and $3.4 million for child protection.

176. Fruitful partnerships with major foundations, including the Bill and Melinda Gates Foundation, the United Nations Foundation, Rotary International and the Hilton Foundation, raised nearly $31 million in 2003. UNICEF continued to be one of the co-chairs of the Polio Advocacy Group, which aims to mobilize and leverage resources for polio, within a partnership with WHO, Rotary International and the United Nations Foundation. Some $125 million was mobilized for polio eradication through the partnership and an additional $85 million was provided directly to polio-endemic countries by a number of donors, including the World Bank and the European Commission.

V. Conclusion

177. The second year of the MTSP period saw growing achievements from UNICEF cooperation and partnerships in the five priority areas. The linkages between the priorities — such as the integration of actions against HIV/AIDS and for child protection in sectoral programmes — also became stronger. Within the MTSP framework, emergency assistance was provided to children and their families in 55 crisis-affected countries across the globe. There was encouraging progress in some of the major operational areas, including the improvement in key performance indicators in the UNICEF global supply system. The introduction of matrices setting out strategic outcomes for the UNDAF and individual agencies is assisting in the drive for results-oriented programmes. The challenge now is to extend such gains to all areas of the MTSP and its support strategies.

178. As the MTSP period has progressed, the need has become apparent for UNICEF to more clearly define its role and articulate its very real contributions to the Millennium Agenda and United Nations reform process — both overall, and in some specific areas such as early childhood and the rapidly evolving global struggle against HIV/AIDS. These issues will be further addressed through the mid-term review of the plan. UNICEF will further focus during 2004 on improving the quality of its donor reporting, country programme management and publications.

179. In the last two years of the MTSP period, dynamic UNICEF leadership will be needed to ensure a scaled-up response to the orphan crisis and HIV infection among young people, and UNICEF will aim to be an effective partner in the WHO-led 3 by 5 initiative to expand access to treatment. Stronger routine immunization services are essential, even as major diseases such as polio and measles are eliminated or brought under control. Stronger health systems can support poor families in other ways too — including with bednets and vitamin supplements. UNICEF will also aim to accelerate its efforts against child trafficking, child soldiery and gender-based violence.

180. The Executive Director's 2004 New Year's message to UNICEF staff set out the intention to achieve a new peak of focus and determination in order to fully address the commitments which fall due in 2005 under the Millennium Declaration and the MTSP. UNICEF intends to keep the Millennial target of gender parity in education firmly in its sight and to help re-energize the global efforts and partnerships for child survival.

Annex

Programme expenditure in 2003 for countries classified according to gross national income and under-five mortality rates

	Child population in 2001 (In millions)	Child population (Percentage of total)	Number c/ of countries	Expenditure (In millions of US dollars)	Expenditure (Percentage)	Cents per child (US cents)
Country grouping based on 2001 GNI a/						
Low income, Total	1,064	55%	63	893	65%	84
Low income, excluding India	*662*	*34%*	*62*	*796*	*58%*	*120*
Lower middle income	696	36%	45	269	20%	39
Lower middle income, excluding China	*520*	*17%*	*44*	*250*	*18%*	*78*
Upper middle income	161	8%	18	42	3%	26
Total for countries	1,922	100%	126	1,204	88%	63
Total for global and other regional funds				159	12%	
Grand Total	1,922	100%	126	1,363	100%	
Country grouping based 2001 U5MR						
Very high U5MR	251	13%	29	464	34%	185
High U5MR, Total	702	37%	35	490	36%	70
High U5MR, excluding India	*500*	*16%*	*34*	*394*	*29%*	*131*
Middle U5MR, Total	935	49%	47	213	16%	23
Middle U5MR, excluding China	*558*	*29%*	*46*	*194*	*14%*	*35*
Low U5MR	34	2%	15	37	3%	109 b/
Total for countries	1,922	100%	126	1,204	88%	63
Total for global and other regional funds				159	12%	
Grand Total	1,922		126	1,363	100%	
(of which LDCs)	340	18%	50	620	45%	182

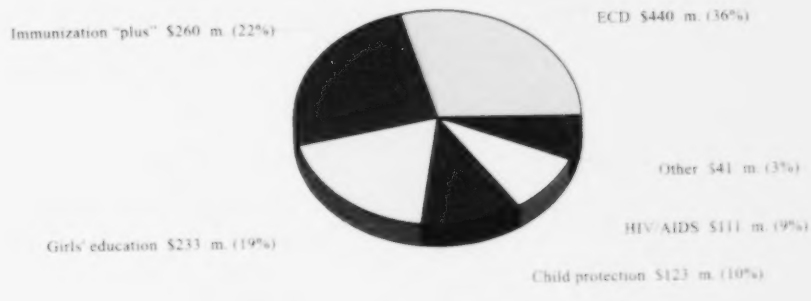
a/ Low income = GNI per capita of $745 and less.
Lower middle income = GNI per capita between $746 and $2,975.
Upper middle income = GNI per capita between $2,976 and $9,205.
Very high U5MR = over 140 under-five deaths per 1,000 live births.
High U5MR = 71-140 under-five deaths per 1,000 live births.
Middle U5MR = 21-70 under-five deaths per 1,000 live births.
Low U5MR = less than 21 under-five deaths per 1,000 live births.
LDCs = least developed countries.

b/ Higher cents per child reflect expenditure in countries with small child populations and also in three countries/areas experiencing emergency situations, which account for over 50 per cent of the total expenditure incurred.

c/ Pacific, Caribbean and CEE/CIS/Baltic States multi-country programmes were counted as one each except countries in emergency situations within the multi-country programme with separate expenditure and available indicators.

Figure I

UNICEF programme expenditure by organizational priority, 2003

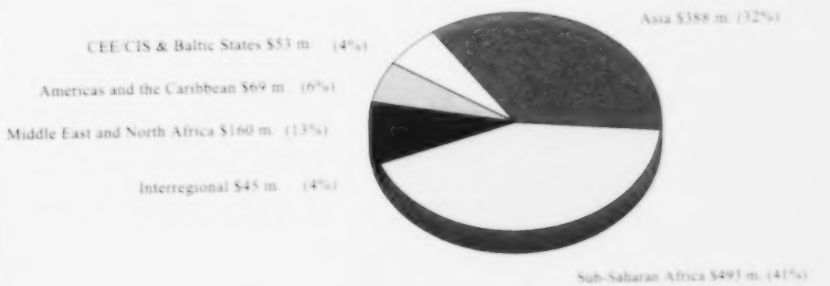


Total expenditure: $1,208 million [a/]

a/ Excludes programme support costs amounting to $155 million.

Figure II

UNICEF programme expenditure by geographical region, 2003


CEE/CIS & Baltic States $53 m. (4%)
Asia $388 m. (32%)
Americas and the Caribbean $69 m. (6%)
Middle East and North Africa $160 m. (13%)
Interregional $45 m. (4%)
Sub-Saharan Africa $493 m. (41%)

Total expenditure: $1,208 million [a/]

a/ Excludes programme support costs amounting to $155 million.